Received By: phurley

# 2005 DRAFTING REQUEST

# Bill

Received: 01/28/2005

Wanted	As time pern	nits			Identical to LRI	3:			
For: Sco	ott Suder (608	3) 267-0280			By/Representing:				
This file	This file may be shown to any legislator: NO				Drafter: phurle	<b>y</b>			
May Co	ntact:				Addl. Drafters:				
Subject:	Occupa	ntional Reg n	nisc		Extra Copies:				
Submit	via email: YES	\$					·		
Requesto	er's email:	Rep.Suder	@legis.state	.wi.us					
Carbon	copy (CC:) to:								
Pre Top	oic:		***************************************		***************************************				
No speci	fic pre topic gi	ven							
Topic:					elingen i Aest II. et in Statie Andre Hermania				
Adminis	tration of anest	thesia			,				
Instruct	ions:			***************************************					
See Atta	ched								
Drafting	g History:			***************************************					
Vers.	<u>Drafted</u>	Reviewed	Typed	Proofed	Submitted	<u>Jacketed</u>	Required		
/?	phurley 01/28/2005	kfollett 02/04/2005							
/1			pgreensl 02/04/2005	5	lemery 02/04/2005				
/2	phurley 06/07/2005	phurley 04/12/2005 kfollett 04/13/2005	rschluet 04/13/2005	5	lnorthro 04/13/2005	Inorthro 04/13/2005			

**LRB-1935** 06/29/2005 09:45:27 AM Page 2

Vers.	<u>Drafted</u>	Reviewed	Typed	Proofed	Submitted	<u>Jacketed</u>	Required
		kfollett 06/28/2005					
/3	lemery 06/29/2005		jfrantze 06/29/200	5	lemery 06/29/2005	lemery 06/29/2005	
FE Sent I	For:			<end></end>			

# 2005 DRAFTING REQUEST

## Bill

Received: 01/28/2005					Received By: phurley				
Wanted	d: As time pern	nits			Identical to LRI	3:			
For: Sc	ott Suder (608	3) 267-0280			By/Representin	g:			
This file may be shown to any legislator: NO					Drafter: phurle	y			
May Co	ontact:				Addl. Drafters:				
Subject	:: Occupa	ational Reg m	nisc		Extra Copies:				
Submit	via email: YES	V <b>S</b> e							
Reques	ter's email:	Rep.Suder	@legis.state	e.wi.us					
Carbon	copy (CC:) to:								
Pre To	pic:					#12902.07.00.000.000.000.000.000.000.000.000			
No spec	cific pre topic gi	ven							
Topic:				-			· · · · · · · · · · · · · · · · · · ·		
Admini	stration of anest	thesia							
Instruc	ctions:				***************************************				
See Atta	ached								
 Draftin	g History:					Manufacture and the second			
Vers.	Drafted	Reviewed	Typed	Proofed	Submitted	<u>Jacketed</u>	Required		
/?	phurley 01/28/2005	kfollett 02/04/2005							
<b>/</b> 1			pgreensl 02/04/2003	5	lemery 02/04/2005				
<b>'2</b>		phurley 04/12/2005 kfollett 04/13/2005	rschluet 04/13/2003	5	lnorthro 04/13/2005	lnorthro 04/13/2005			

**LRB-1935** 04/13/2005 01:55:04 PM Page 2

<u>Vers.</u> <u>Drafted</u> <u>Reviewed</u> <u>Typed</u> <u>Proofed</u> <u>Submitted</u> <u>Jacketed</u> <u>Required</u>

FE Sent For:

<END>

# 2005 DRAFTING REQUEST

# Bill

Received: 01/28/2005					Received By: phurley				
Wanted: As time permits					Identical to LRB:				
For: Sco	tt Suder (608	3) 267-0280			By/Representing	g:			
This file	may be shown	n to any legislate	or: NO		Drafter: phurle	y			
May Cor	ntact:				Addl. Drafters:				
Subject:	Occupa	ational Reg n	nisc		Extra Copies:				
Submit v	via email: YES	<b>S</b>							
Requeste	er's email:	Rep.Suder	@legis.state	e.wi.us					
Carbon c	copy (CC:) to:								
Pre Top	ic:								
No speci	fic pre topic g	iven							
Topic:									
Administ	tration of anes	thesia							
Instruct	ions:				***************************************				
See Attac	ched								
Drafting	History:								
Vers.	<u>Drafted</u>	Reviewed	Typed	Proofed	Submitted	Jacketed	Required		
/?	phurley 01/28/2005	kfollett 02/04/2005							
/1			pgreensl 02/04/2003	5	lemery 02/04/2005				
/2		phurley 04/12/2005 kfollett 04/13/2005	rschluet 04/13/2005	5	lnorthro 04/13/2005				

**LRB-1935** 04/13/2005 12:31:26 PM Page 2

<u>Vers.</u> <u>Drafted</u> <u>Reviewed</u> <u>Typed</u> <u>Proofed</u> <u>Submitted</u> <u>Jacketed</u> <u>Required</u>

FE Sent For:

<END>

# 2005 DRAFTING REQUEST

Bill

Received: 01/28/2005				Received By: p	hurley			
Wanted: As time peri	mits			Identical to LRB:				
For: Scott Suder (60)	8) 267-0280			By/Representing	g:			
This file may be show	n to any legislate	or: NO		Drafter: phurle	y			
May Contact:				Addl. Drafters:				
Subject: Occup	ational Reg n	nisc		Extra Copies:				
Submit via email: YES	<b>S</b> .							
Requester's email:	Rep.Suder	@legis.stat	e.wi.us					
Carbon copy (CC:) to:								
Pre Topic:					***************************************			
No specific pre topic g	iven							
Topic:								
Administration of anes	thesia							
Instructions:								
See Attached								
Drafting History:			***************************************					
Vers. <u>Drafted</u>	Reviewed	Typed	Proofed	Submitted	<u>Jacketed</u>	Required		
9 phurley 01/28/2005	kfollett 02/04/2005		/					
1	12 Kjf 4113	pgreensl 02/04/200	05	lemery 02/04/2005				

4 (END)

FE Sent For:

# 2005 DRAFTING REQUEST

Bill

FE Sent For:

Received: 01/28/2005	Received By: phurley
Wanted: As time permits	Identical to LRB:
For: Scott Suder (608) 267-0280	By/Representing:
This file may be shown to any legislator: <b>NO</b>	Drafter: <b>phurley</b>
May Contact:	Addl. Drafters:
Subject: Occupational Reg misc	Extra Copies:
Submit via email: <b>YES</b>	
Requester's email: Rep.Suder@legis.state.wi.us	
Carbon copy (CC:) to:	
Pre Topic:	
No specific pre topic given  Topic:	
Administration of anesthesia	
Instructions:	
See Attached	
Drafting History:	
Proofed Proofed Proofed Proofed Proofed	Submitted Jacketed Required

#### Hurley, Peggy

From:

Hilgemann, Luke

Sent:

Friday, January 28, 2005 2:32 PM

To:

Hurley, Peggy

Subject:

RE: LRB 4503/1 from last session

Perfect! I shared your ideas with Rep. Suder and Tom Hanson and they both agreed to the change. If you could do a redraft with the new language we would appreciate it. Have a great weekend! Thanks for your help.

Regards, Luke

----Original Message----

From:

Hurley, Peggy

Sent:

Friday, January 28, 2005 1:23 PM

To:

Hilgemann, Luke

Subject:

RE: LRB 4503/1 from last session

Hi Luke.

I can understand the concern, and I think it would be wise to say something like "Except as allowed under chapter 447, no person may administer anesthesia . . . " That way, the use of anesthesia in dentistry wouldn't be affected at all, unless the dentist is doing something that may be considered the practice of medicine. OK?

#### Peggy

----Original Message----

From: Hilgemann, Luke

**Sent:** Friday, January 28, 2005 12:47 PM

To:

Hurley, Peggy

Subject: LRB 4503/1 from last session

Hello Peggy,

Tom Hanson contacted us this morning regarding the bill we had drafted last year regarding anesthesia. Apparently they have concerns that with the way it was drafted last session dentists who administer anesthetic may be affected. Could you please take a look back at the draft and let me know if you see this as a problem. There specific concerns deal with the 3rd paragraph that discusses anesthesia being administered in an office setting. Thanks for your assistance. If you do see this as a true concern, please make any changes needed and send us the redraft.

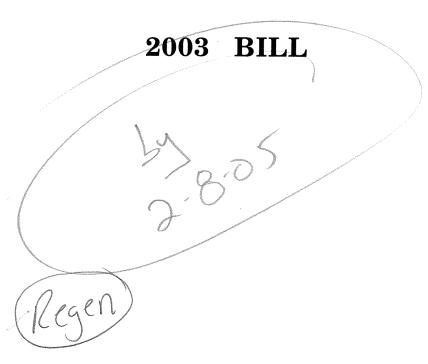
Thanks!

Luke

Luke Hilgemann Legislative Assistant Office of Scott Suder State Representative--69th Assembly District Room 21 North, State Capitol 267-0280

#### **2003 - 2004 LEGISLATURE**

LRB-4503/T PJH:kmg:rs



AN ACT to create 448.35 and 448.40 (2) (h) of the statutes; relating to: administering anesthesia in an office-based setting and requiring the exercise of rule-making authority.

1

2

3

### Analysis by the Legislative Reference Bureau

Under current law, the Medical Examining Board establishes standards, rules, and conditions under which a person may practice medicine in this state.

This bill requires the Medical Examining Board to implement rules regarding the administration of anesthesia in an office-based setting, a setting where medical services are performed but that is not a hospital or an ambulatory surgery center.

Under the bill, no person may administer anesthesia in an office—based setting unless he or she is either a physician who meets the standards of education and training established by the board to administer anesthesia, or unless he or she is under the direct supervision of a properly trained and educated physician. Further, the bill requires the Medical Examining Board and each office that performs anesthesia to establish written guidelines relating to the proper care and treatment of patients who receive anesthesia.

Finally, the bill requires the presence of a physician trained in resuscitative techniques and appropriate resuscitative equipment whenever a person receives

1

 $\mathbf{2}$ 

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

anesthesia in an office-based setting, and requires each office to report to the board any complications related to surgery or to anesthesia that may arise.

who admiresters anesthesia while practicing dentistry.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

**SECTION 1.** 448.35 of the statutes is created to read:

## 448.35 Administration of anesthesia. (1) In this section:

- (a) "Administer anesthesia" includes administering or inducing moderate sedation, deep sedation, regional anesthesia, or general anesthesia in an office-based setting.
- (b) "Office-based setting" means a location where medical services are performed that is not a hospital or an ambulatory surgery center.
- (2) No person may administer anesthesia in an office-based setting unless he or she is a physician that meets the minimum training and education standards set by the board for the administration of anesthesia in an office-based setting or unless he or she is operating under the direct supervision of a physician who meets the minimum training and education standards set by the board for the supervision of a person who administers anesthesia in an office-based setting.
- (3) No person may administer anesthesia in an office-based setting unless there is present or immediately available at least one physician who is trained in advanced resuscitative techniques and unless appropriate resuscitative equipment is present or immediately available until the patient who receives the anesthesia is discharged.
- (4) Any person who administers anesthesia in an office-based setting shall comply with standards established by the board for pre-anesthesia counseling for

1

2

3

4

5

6

7

8

9

10

11

each patient,	patient	monitoring,	recovery,	record	keeping,	and	discharge	of	each
patient.									

- (5) Any office-based setting where anesthesia is administered shall establish written procedures and policies regarding the administration of anesthesia, pre-anesthesia counseling for each patient, patient monitoring, recovery, record keeping, and discharge of each patient.
- (6) Any office-based setting where anesthesia is administered shall report to the board any complication or negative incident related to surgery, special procedures, or the administration of anesthesia in that office.

**Section 2.** 448.40 (2) (h) of the statutes is created to read:

448.40 (2) (h) Implementing s. 448.35.

12

(7) This section does not apply to a person who administers anesthesia as pern, Hed by chicker 447.



Regen

1

2

3

AN ACT to create 448.35 and 448.49

administering anesthesia in an office-based - county was very

of rule-making authority.

## Analysis by the Legislative Reference Bureau

Under current law, the Medical Examining Board establishes standards, rules, and conditions under which a person may practice medicine in this state.

This bill requires the Medical Examining Board to implement rules regarding the administration of anesthesia in an office-based setting, a setting where medical services are performed but that is not a hospital or an ambulatory surgery center.

Under the bill, no person may administer anesthesia in an office-based setting unless he or she is either a physician who meets the standards of education and training established by the board to administer anesthesia, or unless he or she is under the direct supervision of a properly trained and educated physician. Further, the bill requires the Medical Examining Board and each office that performs anesthesia to establish written guidelines relating to the proper care and treatment of patients who receive anesthesia.

Finally, the bill requires the presence of a physician trained in resuscitative techniques and appropriate resuscitative equipment whenever a person receives anesthesia in an office-based setting, and requires each office to report to the board

any complications related to surgery or to anesthesia that may arise. The bill does not apply to a person who administers anesthesia while practicing dentistry.

Major

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

**Section 1.** 448.35 of the statutes is created to read:

448.35 Administration of anesthesia. (1) In this section:

- (a) "Administer anesthesia" includes administering or inducing moderate sedation, deep sedation, regional anesthesia, or general anesthesia in an office-based setting.
- (b) "Office-based setting" means a location where medical services are performed that is not a hospital or an ambulatory surgery center.
- (2) No person may administer anesthesia in an office-based setting unless he or she is a physician that meets the minimum training and education standards set by the board for the administration of anesthesia in an office-based setting or unless he or she is operating under the direct supervision of a physician who meets the minimum training and education standards set by the board for the supervision of a person who administers anesthesia in an office-based setting.
- (3) No person may administer anesthesia in an office-based setting unless there is present or immediately available at least one physician who is trained in advanced resuscitative techniques and unless appropriate resuscitative equipment is present or immediately available until the patient who receives the anesthesia is discharged.
- (4) Any person who administers anesthesia in an office-based setting shall comply with standards established by the board for pre-anesthesia counseling for

10

11

12

13

14

1	each patient, patient monitoring, recovery, record keeping, and discharge of each
2	patient.
3	(5) Any office-based setting where anesthesia is administered shall establish
4	written procedures and policies regarding the administration of anesthesia,
5	pre-anesthesia counseling for each patient, patient monitoring, recovery, record
6	keeping, and discharge of each patient.
7	(6) Any office-based setting where anesthesia is administered shall report to
8	the board any complication or negative incident related to surgery, special
9	procedures, or the administration of anesthesia in that office.
LO	(7) This section does not apply to a person who administers anesthesia as
<b>L1</b>	permitted by ch. 447.
12	SECTION 2. 448.40 (2) (h) of the statutes is created to read:
13	448.40 (2) (h) Implementing s. 448.35.

(END)

#### Northrop, Lori

From: Sent:

Hurley, Peggy

Wednesday, April 13, 2005 1:09 PM

To: Subject: Northrop, Lori RE:

Yes, please jacket. Thanks!

----Original Message----

From:

Northrop, Lori

Sent:

Wednesday, April 13, 2005 12:37 PM

To:

Hurley, Peggy

Subject:

Hi Peggy,

A draft of yours just came through...1935/2...there was a sticky note buried in the guts that said to jacket when done.....I just wanted to double check with you that you did want it jacketed. I only submitted it for now, because I wanted to check with you. Let me know, and I will go ahead and jacket it if that is what you wanted.

Thanks much, Lori

Lori Northrop Legislative Program Assistant State of WI Legislative Reference Bureau phone(608)266-3561 fax(608)264-6948 lori.northrop@legis.state.wi.us

	The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:
	SECTION 1. 448.35 of the statutes is created to read:
	448.35 Administration of anesthesia.
	(1) In this section:
	(a) Administer anesthesia includes administering or inducing moderate sedation, deep sedation, major regional anesthesia, or general anesthesia in an office based setting.
	(b) Office-based setting means a location where medical services are performed that is not a hospital or an ambulatory surgery center.
	(2) No person may administer anesthesia in an office-based setting unless
	- Burker - And China and the Analytic Analytic Analytic Analytic -
-	he or she is:  Noed to Datine
	(a). a physician anesthesiologist, a graduate of an accredited anesthesiology
	training program and Board-eligible in anesthesiology and licensed by the way of chapter 448
8	Wisconsin Medical Examining Board; or must be street
-access	According to the A
-	Wisconsin Medical Examining Board; or Cost of Section A.  (b) alicensed certified nurse anesthetist working under the general
	supervision of a physician who meets the minimum training and education
	standards set by the Medical Examining Board for the supervision of a person
	standards set by the received Examining Sould for the supervision of a person
	who administers anesthesia in an office-based setting; or
	a trained anesthesiology assistant working under the direct supervision
	of an anesthesiologist; or Salved
	VIV SAVCEATIVE
pie pro-	(A) a resident energing or
400000	a resident anesthesiologist from an accredited anesthesia training program or student
· (A	nurse anesthetist or a student anesthesiologist assistant working under the direct
P	supervision of an anesthesiologist; or
1	a physician who meets the minimum training and education standard set by the board
	for the administration of anesthesia in an office-based setting
1	and an administration of an estimental in an office-based setting
	(2) No marron more administration and administration of the second secon
	(3) No person may administer anesthesia in an office-based setting unless there is present
	or immediately available at least one physician who is trained in advanced resuscitative
	techniques and unless appropriate resuscitative equipment is present or immediately
	available until the patient who receives the anesthesia is discharged from anesthesia care.
	The state of the s
	(4) consequented a requirement and the second secon
	(4) appropriate resuscitative equipment must be present or immediately available.

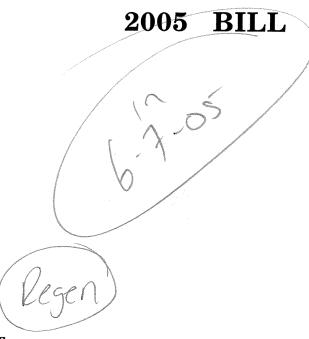
Any person who administers anesthesia in an office-based setting shall comply with standards established by the board for patient care including: record keeping, preoperative anesthesia patient evaluation and risk assessment, patient counseling, perianesthesia patient monitoring and patient monitoring during recovery from anesthesia, and patient discharge or transfer from the facility.

Any office-based setting where anesthesia is administered shall establish written procedures and policies for patient care including: record keeping, pre anesthesia patient evaluation and risk assessment, patient counseling, perianesthesia patient monitoring and patient monitoring during recovery from anesthesia, and patient discharge or transfer from the facility.

Any office-based setting where anesthesia is administered shall report to the board any complication or negative incident related to surgery, special procedures, or the administration of anesthesia in that office that results in either patient death within one week of the procedure or admission to an acute care health facility within 72 hours of the end of the procedure.

(8) This section does not apply to a person who administers anesthesia as permitted by ch. 447.

SECTION 2. 448.40 (2) (h) of the statutes is created to read: 448.40 (2) (h) Implementing s. 448.35. (END)



AN ACT to create 448.35 and 448.40 (2) (h) of the statutes; relating to: administering anesthesia in an office-based setting and requiring the exercise of rule-making authority.

## Analysis by the Legislative Reference Bureau

Under current law, the Medical Examining Board establishes standards, rules, and conditions under which a person may practice medicine in this state.

This bill requires the Medical Examining Board to implement rules regarding the administration of anesthesia in an office—based setting, a setting where medical services are performed but that is not a hospital or an ambulatory surgery center.

Under the bill, no person may administer anesthesia in an office-based setting unless he or she is either a physician who meets the standards of education and training established by the board to administer anesthesia, or unless he or she is under the direct supervision of a properly trained and educated physician. Further, the bill requires the Medical Examining Board and each office that performs anesthesia to establish written guidelines relating to the proper care and treatment of patients who receive anesthesia.

Finally, the bill requires the presence of a physician trained in resuscitative techniques and appropriate resuscitative equipment whenever a person receives anesthesia in an office-based setting, and requires each office to report to the board

anstantion assistantial assista

1

2

3

he or she is a norse who are street to administry anesthesia,

any complications related to surgery or to anesthesia that may arise. The bill does not apply to a person who administers anesthesia while practicing dentistry.

# The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

**SECTION 1.** 448.35 of the statutes is created to read:

#### 448.35 Administration of anesthesia. (1) In this section:

- (a) "Administer anesthesia" includes administering or inducing moderate sedation, deep sedation, major regional anesthesia, or general anesthesia in an office-based setting.
- (b) "Office-based setting" means a location where medical services are performed that is not a hospital or an ambulatory surgery center.
- (2) No person may administer anesthesia in an office-based setting unless he or she is a physician that meets the minimum training and education standards set by the board for the administration of anesthesia in an office-based setting or unless he or she is operating under the direct supervision of a physician who meets the minimum training and education standards set by the board for the supervision of a person who administers anesthesia in an office-based setting.
- (3) No person may administer anesthesia in an office-based setting unless there is present or immediately available at least one physician who is trained in advanced resuscitative techniques and unless appropriate resuscitative equipment is present or immediately available until the patient who receives the anesthesia is discharged.
- (4) Any person who administers anesthesia in an office-based setting shall comply with standards established by the board for pre-anesthesia counseling for

13

14

15

16

17

18

19

20

1

2

3

4

5

6

7

8

_	
2	patient, partient
į	3 (5) Any office-based setting where anesthesia is administered shall establish
4	written procedures and policies regarding the administration of anesthesia,
Ē	pre-anesthesia counseling for each patient, patient monitoring, recovery, record
6	keeping, and discharge of each patient ( )
7	
8	the board any complication or negative incident related to surgery, special
ç	procedures, or the administration of anesthesia in that office
10	(7) This section does not apply to a person who administers anesthesia as
11	permitted by ch. 447.
12	SECTION 2. 448.40 (2) (h) of the statutes is created to read:
13	448.40 (2) (h) Implementing s. 448.35.
14	(END)

#### 2005–2006 DRAFTING INSERT FROM THE LEGISLATIVE REFERENCE BUREAU

#### INSERT A:

- (2) No person may administer anesthesia in an office-based setting unless he or she is one of the following:
- (a) A physician who meets the minimum training and education standard set by the board for the administration of anesthesia in an office-based setting.
- (b) A nurse anesthetist, as defined in s. 655.001 (9) working under the general supervision of a physician.
- (c) A trained anesthesiology assistant working under the direct supervision of an anesthesiologist.
- (d) A resident anesthesiologist from an accredited anesthesia training program or student nurse anesthetist or a student anesthesiologist assistant working under the direct supervision of an anesthesiologist.

#### INSERT B:

for patient care, including record keeping, pre-anesthesia patient evaluation and risk assessment, patient counseling, perianesthesia patient monitoring and patient monitoring during recovery from anesthesia, and patient discharge or transfer from the facility.

#### INSERT C:

that results in a patient's death within one week of the end of the procedure or a patient's admission to an acute health care facility within 72 hours of the end of the procedure